

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>J.B. 0205561-CX</i>		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>65372 7-10-00</i>		
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11.19.01
2	✓	✓	04.23.02
3	✓	✓	01.04.02
4	✓	✓	08.20.03
5	✓	✓	
6	✓	✓	
7	✓	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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